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Draft country programme document for Lesotho*

Proposed UNFPA assistance:	$3 million: $2.3 million from regular resources and $0.7 million through co-financing modalities and/or other, including regular, resources
Programme period:	Three years (2004-2006)
Cycle of assistance:	Fourth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.0	0.2	1.2
Population and development strategies	0.5	0.3	0.8
Advocacy	0.5	0.2	0.7
Programme coordination and assistance	0.3	-	0.3
Total	2.3	0.7	3.0

*The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country programme documents, and has delayed submission of the present document.

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I. Situation analysis

1. One in three adults in Lesotho is HIV positive. This makes Lesotho the fourth highest HIV prevalence country in the world and one of the least developed countries with the highest rate of HIV infection.

2. This presents a daunting challenge to the future development and economic prosperity of Lesotho, as the HIV/AIDS pandemic diverts limited resources and deprives the country of its most productive people. It has been estimated that the impact of HIV/AIDS will reduce the gross domestic product of Lesotho by 33 per cent by 2015. The top priority of the Government is therefore to mitigate the impact of the HIV/AIDS pandemic and reduce its spread.

3. The population of Lesotho was reported as 1.96 million in the 1996 population census and is projected to reach 2.44 million in 2006. The growth rate is 2.6 per cent per annum and the population is expected to double in 35 years. Forty-three per cent of the population is under 15. Early sex and early marriage of young girls are common. The total fertility rate in 1998 was 4.1, declining from 5.4 in 1976. This decline may be attributed to the increase in the contraceptive prevalence rate from 7.5 per cent in 1977 to 23 per cent in 1995.

4. Due to improved health services that are a result of the national primary health care strategy, life expectancy over the period 1976 to 1996 increased from 49 years to 58.6 years for men and from 53 years to 60.2 years for women. By 2002, the HIV/AIDS pandemic had reduced life expectancy to 51 years for men and 48 years for women.

5. Maternal mortality is very high at 571 deaths per 100,000 live births, having increased from 282 in 1982. Tuberculosis continues to be the major cause of mortality in adults over 14, accounting for 11.8 per cent of all deaths. Sexually transmitted infections (STIs) and related conditions account for 9.8 per cent of morbidity among outpatients. As a result, the Government has integrated the treatment of STIs into the primary health care system.

6. Unequal gender relations are a common feature of Lesotho society. Despite the proportionately higher numbers of women completing primary education (52.4 per cent for women compared with 36.4 per cent for men) and their involvement in both the formal and informal economic sectors, women are still considered minors by law, despite Constitutional guarantees of fundamental human rights for all. To address these issues, the Government has taken a number of legal and other measures, including drafting the married persons equality bill. Furthermore, since 1997, the number of women parliamentarians has increased from 1 to 6 and the number of women senators from 8 to 12.

II. Past cooperation and lessons learned

7. The third country programme for Lesotho was approved in the amount of $3 million for the period 1998-2002. It was extended at no cost for one year, until 2003.

8. In the area of population and development strategies, the programme contributed to the integration of population into the development agenda, including the revision of the national population policy. The Government also revised various policy and programme initiatives to incorporate a population dimension, including the sixth national development plan, Vision 2020 (the country's medium-term development perspective) and the poverty reduction strategy paper (PRSP). The government report on the implementation of the Millennium Development Goals (MDGs) also recognizes the importance of the population dimension.

9. The programme also contributed to improving the national sociodemographic database by supporting data analysis and dissemination from the 1996 population and housing census, the 2001 demographic survey and the 2002 reproductive health survey.

10. In the area of reproductive health, the programme contributed to improved access to high-quality maternal health services, as evidenced by an increase in births attended by skilled attendants (from 50 per cent to 60 per cent) and an increase in the number of women seeking antenatal and post-natal care. In addition, the programme supported the formulation of the draft national reproductive health policy that will serve as the basis for improved reproductive health services.

11. The country programme laid the foundation for the incorporation of population and family life education in the formal school system by developing a framework and curricula for the programme.

12. The programme supported the formulation of a national policy on gender and development in order to strengthen national capacity in gender mainstreaming. The programme also supported the drafting of an implementation plan and advocacy strategy for the policy.

13. The programme experienced constraints with regard to the limited technical expertise and institutional capacity within government institutions. Such expertise and capacity are necessary to translate and implement policy achievements into actual programmes. Establishing baseline data to measure the impact of interventions was identified as a priority area for further assistance. Inadequate support for community-based distribution of condoms and male involvement in reproductive health programmes were additional concerns.

14. The need to ensure privacy in delivering services to youth and adolescents was an important lesson. In addition, focusing efforts on supervised deliveries in hospitals and health centres was not deemed to be a realistic approach in reducing maternal mortality and morbidity in remote and mountainous areas. Nearly half of all births in Lesotho take place at home.

15. Finally, effective coordination of population programmes was hampered by imprecise clarification of the roles of various development partners.

III. Proposed programme

16. The proposed programme was formulated using the results of the evaluation of the third UNFPA country programme, the common country assessment, the United Nations Development Assistance Framework (UNDAF), the Lesotho HIV/AIDS policy and national strategic plan, the ongoing review of the MDGs, the PRSP and Vision 2020. It was also based on the outcomes of a series of discussions with the Government, non-governmental organizations (NGOs) and donors. Throughout the process, the Government played a pivotal role in defining the issues, the expected results and the implementation strategies for the country programme.

17. The country programme will focus on strengthening population and reproductive health information, advocacy and services to reduce the spread of HIV/AIDS, with a focus on adolescents and youth. The proposed programme will be implemented using a human rights approach, in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD). The programme will contribute to achieving the MDGs and the UNDAF objectives.

18. The goal of the programme is to contribute to: (a) reducing the rate of HIV infection, maternal mortality and maternal morbidity; (b) alleviating poverty; and (c) improving the quality of life for the people of Lesotho. This will be achieved by: (a) promoting reproductive health and rights and improving access to reproductive health information and services, focusing on young people; (b) reducing the incidence of STIs, maternal mortality and maternal morbidity; (c) reducing gender disparities; and (d) improving the balance between population and resources. The proposed programme will have three components: reproductive health; population and development strategies; and advocacy. Gender analysis and gender interventions will be an integral part of each of the components.

Population and development strategies component

19. The expected outcomes of the population and development strategies component are: (a) increased awareness and policy dialogue among policy makers and community leaders on population, reproductive health, HIV/AIDS and development; and (b) creation of an enabling environment for dialogue and action on issues related to HIV/AIDS, population and gender, and their integration into policies and programmes.

20. Output 1: Strengthened national capacity to conduct the 2006 national population and housing census and to undertake further in-depth processing and analysis of the 2001 Lesotho demographic survey and the 2002 reproductive health survey. This will be achieved by: (a) supporting preparatory activities for the census; (b) assisting the Government in coordinating inputs for the census from donors; and (c) supporting further in-depth analysis and dissemination of the results of the 2001 Lesotho demographic survey and the 2002 reproductive health survey.

21. Output 2: Strengthened capacity of the Government and NGOs to formulate, implement and manage socio-economic development policies that include population and gender variables and the impact of HIV/AIDS. This output will be achieved by: (a) using data on population, HIV/AIDS, gender and other sociocultural issues, obtained from the 2001 Lesotho demographic survey and the 2002 reproductive health survey, to address aspects of food security and socio-economic development; (b) strengthening technical capacity to integrate population, HIV/AIDS and gender concerns into policies and programmes; and (c) supporting the creation of a database to monitor programme progress and impact, including HIV/AIDS, the PRSP, MDGs and the ICPD Programme of Action.

Reproductive health component

22. The expected outcomes of the reproductive health component are: (a) increased use of integrated, high-quality and gender-sensitive sexual and reproductive health services for men, women and adolescents; and (b) increased use of high-quality reproductive health information and education to reduce high-risk behaviour and attitudes.

23. Output 1: Increased availability of high-quality, integrated reproductive health services, including antenatal and post-natal care; basic and emergency obstetric care; prevention, counselling and treatment of STIs and HIV/AIDS; and management of gender-based violence. This will be achieved by: (a) training service providers in infection prevention and other relevant areas; (b) ensuring high-quality sexual and reproductive health service delivery to underserved and high-risk groups; and (c) strengthening capacity to implement and manage the national reproductive health policy, strategy and programme at central and district levels.

24. Output 2: Improved access to high-quality sexual and reproductive health information and services for young people in nine health service areas. This will be achieved by: (a) collaborating with other partners in strengthening the delivery of sexual and reproductive health services at adolescent health centres and youth clubs; (b) developing, printing and disseminating effective messages to promote awareness of and utilization of sexual and reproductive health services for young people; and (c) supporting a parents' education programme.

25. Output 3: Behaviour change communication and educational programmes established and implemented for in-school and out-of-school youth. This will be accomplished by: (a) institutionalizing population and family life education in the curricula of the formal school system, focusing on seven institutions; (b) training teachers and school administrators in population and family life education; (c) developing population and family life educational materials, which will include gender and HIV/AIDS prevention messages; and (d) collaborating with other partners in supporting behaviour change among out-of-school youth, particularly those at high risk.

26. Output 4: Strengthened community-based distribution programme in nine health service areas. This will be achieved by: (a) expanding community-based distribution services to all communities within nine health service areas, focusing on high-risk, underserved groups; and (b) training community-based distribution agents, trainers and supervisors in reproductive health, including the prevention of HIV/AIDS; (c) developing and disseminating a communication strategy based on sociocultural research.

27. Output 5: Improved national capacity in coordinating, monitoring and evaluating reproductive health programmes using gender-disaggregated data. This will be achieved by: (a) establishing integrated databases for key indicators; (b) establishing a system to link these indicators with those for HIV/AIDS, PRSPs, ICPD and the MDGs; (c) creating a system for impact assessment and results-based management; and (d) supporting the training of managers and service providers in the above areas.

Advocacy component

28. The expected outcomes of the advocacy component are: (a) the formulation and implementation of policies, programmes and legislation aimed at reducing gender inequality, gender-based violence, STIs and HIV/AIDS, especially among adolescents; and (b) increased commitment of national and local government and community leaders to advocate population, reproductive health and gender issues. The programme will pay special attention to traditional and community leaders in view of their key role in shaping community behaviour.

29. Output 1: Mainstream gender concerns, HIV/AIDS prevention and the impact of HIV/AIDS in policies and programmes. As a follow-up to gains made under the previous country programme, the programme will support: (a) the preparation of an implementation plan and strategy for the national gender policy; (b) strengthening the capacity of at least three training institutions in sociodemographic and economic analysis for HIV/AIDS and gender issues; and (c) policy dialogue on the role of gender in HIV/AIDS, poverty and food security.

30. Output 2: Strengthened capacity in gender advocacy in national and local government as well as among traditional and community leaders, emphasizing the prevention of gender-based violence and HIV infection and the promotion of women's rights. This output will be achieved by: (a) developing a multimedia communication strategy targeted at gender, HIV/AIDS and reproductive health issues; (b) supporting capacity-building for government institutions, civil society, ministers and parliamentarians to mobilize the community and advocate women's rights, gender issues and HIV/AIDS prevention; (c) involving men in reproductive health and reproductive rights; and (d) reinforcing the relationships among sexual and reproductive health and rights, gender-based violence, HIV/AIDS, and the social and legal systems.

IV. Programme management, monitoring and evaluation

31. Sectoral ministries, provincial governments, and international and national NGOs will execute the programme. The Ministry of Planning, in partnership with other ministries and institutions, will coordinate the programme. UNFPA will support the strengthening of partnerships with other United Nations agencies and donors to ensure improved coordination and effectiveness in programme implementation.

32. The UNFPA office consists of a non-resident Country Director, a national programme officer, a finance associate and administrative support staff. Programme funds will be earmarked for one national programme post and two administrative support posts, within the framework of the approved country office typology.

33. The programme will promote national execution, with technical support provided from national, international and regional consultants, as well as from the UNFPA Country Technical

Services Team in Harare, Zimbabwe. South-South cooperation, especially with other members of the Southern Africa Development Community, will be encouraged. The programme, which will employ results-based management, will be monitored through periodic reports as well as through programme and technical monitoring visits, annual reviews and a midterm review. A final evaluation of the programme will be conducted in 2006.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR LESOTHO

UNDAF Objective 1: To strengthen national capacity in development, management and policy implementation and to promote fundamental human rights and empowerment of people, as well as gender equality and women's empowerment.

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to: (a) reducing the rate of HIV infection, maternal mortality and maternal morbidity; (b) alleviating poverty; and (c) improving the quality of life for the people of Lesotho	*[Population and development strategies component]* (a) increased awareness and policy dialogue among policy makers and community leaders on population, reproductive health, HIV/AIDS and development; and (b) creation of an enabling environment for dialogue and action on issues related to HIV/AIDS, population and gender, and their integration into policies and programmes	• Number of policy dialogues on the impact of HIV/AIDS, gender and other sociodemographic factors in development policies and programmes • Development policies and programmes reflect HIV/AIDS, gender and other sociodemographic factors and are implemented • Reliable gender-disaggregated, sociodemographic data made available to reflect gender and reproductive health concerns and the impact of HIV/AIDS, employed in policies and programmes	**Output 1**: Strengthened national capacity to conduct the 2006 national population and housing census and to undertake further in-depth processing and analysis of the 2001 Lesotho demographic survey and the 2002 reproductive health survey. Output indicators: • Level of equipment and number of national personnel trained in planning, conduct and management of population censuses and large-scale surveys • Comprehensive plan for coordinated support to conduct the 2006 population census approved and implemented • Integrated database on population illustrating the impact of gender issues and the HIV/AIDS pandemic established at national and district levels **Output 2**: Strengthened capacity of the Government and NGOs to formulate, implement and manage socio-economic development policies that include population and gender variables and the impact of HIV/AIDS. Output indicators: • Increased number of national personnel trained in how to formulate socio-economic development policies and programmes that include population, gender and HIV/AIDS variables • Increase in number and quality of policy dialogues on socio-economic development issues that include population, gender and HIV/AIDS concerns	**Total for the population and development strategies component:** $0.8 million ($0.5 million from regular resources and $0.3 million from other resources)
	[Reproductive health component] (a) increased use of integrated, high-quality and gender-sensitive sexual and reproductive health services for men, women and adolescents; and (b) increased use of high-quality reproductive health information and education to reduce high-risk behaviour and attitudes	• Increased accessibility to integrated, high-quality sexual and reproductive health services • Strengthened capacity in service delivery • Strengthened community-based distribution in 9 out of 18 health service areas • Improved capacity in reproductive health programme coordination, monitoring and evaluation • By the end of 2006, to have contributed to an increase in the contraceptive prevalence rate, from 41% to 50%	**Output 1**: Increased availability of high-quality, integrated reproductive health services, including antenatal and post-natal care; basic and emergency obstetric care; prevention, counselling and treatment of STIs and HIV/AIDS; and management of gender-based violence. Output indicators: • By the end of 2006, at least 50% of health service areas offer integrated, high-quality sexual and reproductive health information and services, especially for underserved and high-risk groups, focusing on preventing STIs • By the end of 2006, service providers in 50% of health service areas trained in infection prevention and other relevant areas • By the end of 2006, to have increased accessibility to antenatal care and increased assisted birth deliveries (from 60% to 75%) and increased postnatal care (from 65% to75%)	**Total for the reproductive health component:** $1.2 million ($1.0 million from regular resources and $0.2 million from other resources)

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
		• Number of schools implementing population and family life education • Reduced high-risk behaviour and attitudes among youth	**Output 2**: Improved access to high-quality sexual and reproductive health information and services for young people in nine health service areas Output indicators: • By the end of 2006, all adolescent health centres and youth clubs in nine health service areas strengthened to provide high-quality sexual and reproductive health information and services • By the end of 2006, parents' education programme implemented in nine health service areas **Output 3**: Behaviour change communication and educational programmes established and implemented for in-school and out-of-school youth Output indicators: • By the end of 2006, population and family life education institutionalized in the curricula of seven participating learning institutions • By the end of 2006, all teachers and school administrators in seven institutions trained in population and family life education • By the end of 2006, population and family life education teaching and learning materials developed and adopted, incorporating gender and HIV/AIDS prevention **Output 4**: Strengthened community-based distribution programme in nine health service areas Output indicators: • By the end of 2006, 50% of health service areas offer strengthened community-based distribution services • Community-based distribution agents trained in effective communication and counselling strategies and equipped with materials **Output 5**: Improved national capacity in coordinating, monitoring and evaluating reproductive health programmes using gender-disaggregated data Output indicators: • By the end of 2006, integrated reproductive health database established and used to monitor progress and assess impact of reproductive health programmes • Managers and service providers trained in use of indicators	
	[Advocacy component] (a) formulation and implementation of policies, programmes and legislation aimed at reducing gender inequality, gender-based violence, STIs and HIV/AIDS, especially among adolescents; and (b) increased commitment of national and local government and community leaders to advocate population, reproductive health and gender issues	• Number of national and district policies and programmes formulated, incorporating population, reproductive health, gender and HIV/AIDS prevention and impact • National training institutions and sectoral ministries strengthened in gender mainstreaming and advocacy skills • Number of advocacy and community mobilization activities on population, reproductive health and gender issues	**Output 1**: Mainstream gender concerns, HIV/AIDS prevention and the impact of HIV/AIDS in policies and programmes Output indicators: • By the end of 2006, implementation plan and advocacy strategy for the gender policy is in use • By the end of 2006, to have strengthened the capacity of at least three training institutions in sociodemographic and economic analysis for HIV/AIDS and gender issues **Output 2**: Strengthened capacity in gender advocacy in national and local government as well as among traditional and community leaders, emphasizing the prevention of gender-based violence and HIV infection and the promotion of women's rights Output indicators: • By the end of 2006, to have trained at least 20% of sectoral planners and professional staff of the gender department of the Ministry of Gender, Sports, Youth and Recreation in gender analysis and mainstreaming • By the end of 2006, to have trained 25% of all community leaders in gender advocacy, focusing on gender-based violence and HIV/AIDS By the end of 2006, multimedia communication strategy developed and disseminated	**Total for the advocacy component:** $0.7 million ($0.5 million from regular resources and $0.2 million from other resources) Programme coordination and assistance: $0.3 million from regular resources